

September 27, 2013

# Montana Health Care Programs Notice

## Therapeutic Group Home and Children's Mental Health Providers

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**Effective Immediately**

### Changes to Prior Authorization Requirements for Therapeutic Youth Group Homes – Additional Information

**Effective Tuesday, September 24, 2013, Magellan Medicaid Administration no longer prior authorizes Therapeutic Group Home (TGH) for the first 120 days.**

Do not submit a prior authorization (PA) request form and Certificate of Need (CON) to Magellan prior to a youth's entry into TGH services. Instead, the Children's Mental Health Bureau (CMHB) requires that providers complete the PA paperwork and CON and place them in individual youth files for audit purposes.

Document on these forms how the youth meets medical necessity for TGH services per the CMHB Provider Manual and Clinical Guidelines for Utilization Management. You may be asked to produce this paperwork in an audit or retrospective review.

For any youth in a TGH with an open prior or continued stay authorization in the Magellan system, please submit a continued stay authorization as usual using the Continued Stay Authorization form.

**For a TGH that has admitted a youth on September 25, 2013 or later:** After the initial 120 days, if continued stay is needed, providers must **submit a new Prior Authorization Request form and CON** to Magellan and keep a copy of those in the youth's file. **(Complete the Prior Authorization Request forms and CON for the *first* continued stay request to Magellan after initial 120 days in TGH services.)**

*You must include documentation of the youth's medical necessity for continued stay per the CMHB Provider Manual and Clinical Guidelines for Utilization Management in this request. This PA form should be updated from the PA application that you placed in the youth's file upon admission.*

**For subsequent continued stay authorization requests after the first one, submit the Continued Stay Authorization Request form to Magellan.**

**The claims system (MMIS) is being updated to reflect authorization changes.** The CMHB will be reviewing TGH claims without prior authorization numbers and forcing payment on those claims for the first 120 days of TGH service.

## Contact Information

If you have any questions, please contact Laura Taffs at 406.444.3814 or [ltaffs@mt.gov](mailto:ltaffs@mt.gov).

For claims questions or additional information, contact Provider Relations at 1.800.624.3958 (toll-free, in/out of state) or 406.442.1837 (Helena) or via e-mail at [MTPRHelpdesk@xerox.com](mailto:MTPRHelpdesk@xerox.com).

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.